

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Aklele A. Woldesemait	LICENSE NUMBER 752348
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

We provide quality, compassionate, and individually customized care in a home-like environment.

2. INITIAL LICENSING DATE

November 2007

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

NONE

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

NONE

5. OWNERSHIP

- ☐ Sole proprietor
☒ Limited Liability Corporation
☐ Co-owned by:
☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

<p>If needed, the home may provide assistance with eating as follows:</p> <p>Full assistance with eating is provided based on the needs outlined in the care plan.</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p>Full assistance with personal hygiene and toileting is provided based on the needs outlined in the care plan.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p>Full assistance and support is provided based on our client's mobility needs outlined in the care plan.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p>Full assistance and support is provided based on our client's transfer needs outlined in the care plan.</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p>Full assistance and support is provided based on our client's transfer needs outlined in the care plan.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Full assistance with personal hygiene and perineal care is provided based on the needs of the client outlined in the care plan.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p>We provide full assistance and support in dressing client based on client's needs and preferences.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p>We provide full bathing assistance based on client's needs and preference.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>We prepare a care plan based on the client's needs and preferences. We train our caregivers continuously to ensure our residents safety and quality of life. We make sure that the client's needs and</p>
<p>Medication Services</p>
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>
<p>The type and amount of medication assistance provided by the home is:</p> <p>Our Caregivers are qualified to provide medication assistance. For residents requiring the administration of medications we have a delegated registered nurse.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>We keep an up-to-date daily medication log for each resident and we document any change in dosage amount, changes in time and frequency of medication and changes in medication type</p>

Skilled Nursing Services and Nurse Delegation
<p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p>
<p>The home provides the following skilled nursing services:</p> <p>We arrange and provide all nursing skill services as needed on a case by case basis.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p>If needed, we can provide any skilled nursing service thru our delegated registered nurse.</p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p>We have a registered nurse and qualified caregivers that can be trained and delegated to administer a specific medication or care</p>
Specialty Care Designations
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input checked="" type="checkbox"/> Developmental disabilities</p> <p><input checked="" type="checkbox"/> Mental illness</p> <p><input checked="" type="checkbox"/> Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p> <p>Provider has more than 22 years of adult care and nursing assistance experience.</p>
Staffing
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p><input checked="" type="checkbox"/> The provider lives in the home.</p> <p><input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times.</p> <p><input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.</p> <p>The normal staffing levels for the home are:</p> <p><input checked="" type="checkbox"/> Registered nurse, days and times: <u>As needed</u></p> <p><input type="checkbox"/> Licensed practical nurse, days and times: <u>As needed</u></p> <p><input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24/7</u></p> <p><input checked="" type="checkbox"/> Awake staff at night</p> <p><input type="checkbox"/> Other:</p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p> <p>In addition to the Provide, we have a minimum of two additional caregivers in the facility who are well trained and experienced</p>
Cultural or Language Access
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p>
<p>The home is particularly focused on residents with the following background and/or languages:</p> <p>We can accommodate other languages and cultures.</p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p>

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

Consideration is based on through review of client's medical assessment and medical history

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Various activities based on specific interest and preference of each resident are arranged and scheduled. Social hours, movies, music, dinning together, going to events, and more.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We believe that activities are important and adds to the health and quality of residents life.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600